

JUN 23 1986

Umetco Minerals Corporation



PO BOX 579 4625 ROYAL AVENUE • NIAGARA FALLS NEW YORK 14302

June 19, 1986

Chief
Bureau of Radiological Health
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Sir:

Enclosed you will find two completed copies of an "Application for Radioactive Waste Transport Permit" together with the required Certificate of Insurance and a check for \$500 to cover the required fee.

Umetco has just completed the sale of its Niagara Falls Facilities and we are obligated to remove the subject radioactive material from the site. Anything you might be able to do to hasten our procurement of a Transport Permit will be greatly appreciated.

Very truly yours,

D. J. Hansen
Assistant Director - Technology

mau/
Enclosures
bcc: J. F. Frost
T. J. Kagetsu
D. G. Millenbruch

UCCNHT0001352



Umetco Minerals Corporation

FIRST NATIONAL BANK
Grand Junction Colorado

Nº 58848

Grand Junction Colorado June 11, 1986

PAY

EXACTLY \$500.00

\$500.00

82 39/1021

Operating Account

SIGNED

COUNTERSIGNED

CASH PROMPTLY, NOT VALID AFTER 60 DAYS

TO
THE
ORDER
OF

South Carolina Dept. of Health and
Environmental Control
2600 Bull St.
Columbia, S.C. 29201

⑈00058848⑈ ⑆102100390⑆ 088 141 2⑈

UCCNHT0001353

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
APPLICATION FOR RADIOACTIVE WASTE TRANSPORT PERMIT

Applicability: Pursuant to Section 13-7-140, 1976 S.C. Code of Laws (as amended) and Department Regulation 61-83, a Radioactive Waste Transport Permit is required to be obtained by all generators who transport or have radioactive waste transported into or within the State of South Carolina. Persons whose activities result in the generation of radioactive waste have the primary responsibility to obtain a permit.

Instructions: Complete Items 1 through 19. Submit original and one copy to Chief, Bureau of Radiological Health, S.C. Dept. of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201. All items must be completed, required certificate of insurance or bond attached, and signed and dated by an authorized person. If an item is not applicable, indicate "N/A". Incomplete forms and failure to provide an insurance certificate will result in delays or denial of the permit. Additional sheets may be used if necessary. Upon approval, the Department will return one copy with the transport permit. All permit fees shall be remitted and made payable to the S.C. Department of Health and Environmental Control, Bureau of Finance, 2600 Bull Street, Columbia, S.C. 29201. Please NOTE on remittance - "FOR RADIOACTIVE WASTE TRANSPORT PERMIT."

NOTE: Radioactive Waste Transport Permits may be purchased for more than one facility or location of a company, corporation, etc. However, an application shall be submitted for each facility to include the additional fee and the required certificate of insurance or bond.

1. Name and Address of Applicant (Shipper/Generator) Umetco Minerals Corporation 137 - 47th Street Niagara Falls, NY 14302	2. Person responsible for Radioactive Waste Shipments: a) Name: D. J. Hansen b) Title: Assistant Director - Technology c) Address: P. O. Box 579, Niagara Falls, NY 14302 d) Telephone: 716/278-3573
3. Shipment Location(s): a) Niagara Falls, NY b) c)	4. NRC or Agreement State Radioactive Material License No. for each facility: a) 950-0139 b) c)
5. Total Estimated Annual Cubic Footage: 160	6. Type of Permit and Amount of Fee Remittal Renewal <input checked="" type="checkbox"/> [X] <input type="checkbox"/> [Y] <input type="checkbox"/> [Z] New <input type="checkbox"/> [X] <input checked="" type="checkbox"/> [Y] <input type="checkbox"/> [Z] (\$ 500.00)
7. Complete Waste Descriptions: a) Mixture of Slag & Soil b) Metallurgical Samples c) d) e)	8. Physical & Chemical Form a) Solid/Metal Oxides b) Solids/Slag, Ore, Ferroalloys c) d) e)
10. List Prominent Radionuclides: Uranium 228 & Thorium 232	9. Waste Class and Stability a) A Unstable b) A Unstable c) d) e)
12. Does Waste Contain Any of the Following? <input type="checkbox"/> EPA Classified Hazardous Materials <input type="checkbox"/> Chelating Agents <input type="checkbox"/> Pyrophoric Materials <input checked="" type="checkbox"/> None of the Above	11. Total Estimated Radioactivity (Curies): .0025 Ci
14. Type Solidification Agents: <input type="checkbox"/> Bitumen <input type="checkbox"/> Cement <input type="checkbox"/> Vinyl Ester Styrene <input type="checkbox"/> Other _____ None	13. If "Yes" to Item 12, Identify and Quantify. N/A
15. Has Each Solidification Process Received NRC Topical Report Approval and Meets Stability Requirements <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	N/A

Transport Permit Application continued

16. Name and Address of Broker, if used:

Chem Nuclear
220 Stone Ridge Drive
Columbia, SC 29210

17. Name and Address of Carrier.

Chem Nuclear
P. O. Box 726
Barnwell, SC 29812

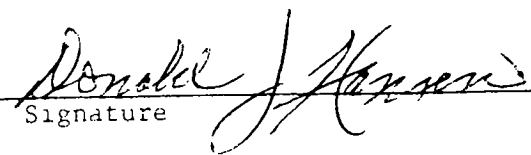
Information to Be Submitted as Attachment

18. A Certificate of Liability Insurance issued to the generator shall be submitted as evidence of financial ability to protect the State of South Carolina and the public at large from possible radiological injury or damage due to packaging, transportation, disposal, storage, or delivery of radioactive waste. For those applicants not maintaining liability insurance, they must deposit and maintain with the Department a cash or corporate surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00). Failure to submit a current certificate or bond will result in processing delays.

CERTIFICATE

19. In compliance with Act No. 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, and Department Regulation 61-83, I hereby certify on behalf of the named applicant (shipper/generator) to the South Carolina Department of Health and Environmental Control that. (A) the named applicant (shipper/generator) will comply fully with all applicable laws and administrative rules and regulations, both State and Federal, and any disposal facility radioactive material license requirements and criteria regarding the packaging, transportation, storage, disposal, and delivery of such wastes; (B) the named applicant (shipper/generator) will hold the State of South Carolina harmless for all claims, actions, proceedings in law or equity arising out of radiological injury or damages to persons or property occurring during the transportation of its radioactive waste into or within the State including all costs defending same, provided, however, that nothing contained herein shall be construed as a waiver of the State's sovereign immunity, (C) the named applicant (shipper/generator) has current copies of the Regulations for the Transportation of Radioactive Waste Into or Within the State of South Carolina, DOT Regulations 49 CFR Parts 171-179, and when applicable, the disposal site radioactive material license and the disposal site waste acceptance criteria, (D) the named applicant (shipper/generator) has prepared this application to conform with South Carolina Department of Health and Environmental Control's Regulations for Transportation of Radioactive Waste Into or Within South Carolina, and that all information contained herein, including any required supplements attached hereto, is true and correct to the best of my knowledge and belief.

Date 6/19/86


Signature

D. J. Hansen, Assistant Director - Technology
Type Name and Title of Applicant's
Authorized Representative



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

6/13/86

PRODUCER

Marsh & McLennan
1221 Avenue of the Americas
New York, NY 10020

INSURED

Union Carbide Corporation
39 Old Ridgebury Road
Danbury, Connecticut
06817-0001

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Continental Insurance Co.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE
GENERAL LIABILITY				BODILY INJURY	\$	\$
<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD	SRL 334 7439	1/1/86	1/1/87	BI & PD COMBINED	\$ 1,000	\$ 1,000
<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS	SRL 334 7436 *			PERSONAL INJURY		\$
<input checked="" type="checkbox"/> CONTRACTUAL						
<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
<input checked="" type="checkbox"/> PERSONAL INJURY						
AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)	SRB 335 1869	1/1/86	1/1/87	PROPERTY DAMAGE	\$	
<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)	SRB 335 1869 *			BI & PD COMBINED	\$ 1,000	
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY						
EXCESS LIABILITY				BI & PD COMBINED	\$	\$
<input type="checkbox"/> UMBRELLA FORM						
<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTOR		
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY	SRW 317 4908	1/1/86	1/1/87		\$1,000 (EACH ACCIDENT)	
	SRW 317 4915 *				\$ (DISEASE POLICY LIMIT)	
					\$ (DISEASE EACH EMPLOYEE)	
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Operation anywhere in USA.

*All operations in Texas covered under this policy.

CERTIFICATE HOLDER

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL, BUREAU OF HAZARDOUS WASTE MANAGEMENT
2600 BULL STREET
COLUMBIA, SC 29201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE